PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/522833

Ellective December 6, 2004									107 322 300			
		CLAIMS A	- Colum		(Column 2)		SMALL ENTITY TYPE		OTHER OR SMALL			
3 13.5	. NATIONAL	STAGE FEES					7	RATE	FEE	1	RATE	FEE
BA:	SIC FEE		SMALL ENT. = \$ 150		LARC	SE ENT. = \$ 300	1.	BASIC FEE		OR	BASIC FEE	300
EX	AMINATION FE	Ε	Satisfies PCT Article 33(1)- (4) = \$50/\$100			her situations = 100 / \$ 200	1	EXAM FEE		1	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA	SPEC. PGS.	minus 100 =			/50=		X \$ 125 =			X \$ 250 =	
τοτ	TAL CHARGEA	BLE CLAIMS	42 minus 20 =		• 22			X \$ 25 =		OR	X \$ 50 =	1100
IND	EPENDENT CL	AIMS	e minus 3 =		• 3			X \$ 100 =		OR	X \$ 200 =	600
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	2600
5	5-31-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT- EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		a 		X \$ 25 =	•	OR	X \$ 50 =	
	Independent	·Jerra	Minus	***		<u> </u>	É	X \$ 100 =-		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		•		X \$ 100 =		OR	X'\$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	THE PHYSICIAN PROPERTY AND PROP	iver Previously Paid I	rum (1008) or inde	ependent) is	the high	est number found	in th	appropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)

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